2010 AUG 18 PM 1:13

FEC FORM

10030411454

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
1. NAME OF COMMITTEE	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Argon St P	\C	
ADDRESS (number a	12701 Fairlakes Circle	
(Check if addi	Suite.800	VA22033
	CITY▲	STATE ZIP CODE
COMMITTEE'S E-I (Check if addition is changed)	MAIL ADDRESS (Please provide only one e-mail address) argonstpac@argonst.com	
COMMITTEE'S WI	EB PAGE ADDRESS (URL)	
(Check if add is changed)	ress	
	ICATION NUMBER C C00395988 EMENT NEW (N) OR X AMENDED (A)
Type or Print Nam	of false, erroneous, or incomplete information may subject the person signing the	Date D.B ' 7.7 ' 2010'
Office	ANY CHANGE IN INFORMATION SHOULD BE REPOR	retion contract
Use Only	Federal Election C Toll Free 800-424-	9530 (Revised 02/2009)